PRINTED: 05/20/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS3091AGC 05/12/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2205 EAST HARMON AVE. THE BRIDGE AT PARADISE VALLEY ASSTD LIVING LAS VEGAS, NV 89119 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 Y 000 **Initial Comments** The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal. state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/12/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 91 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was 58. Fifteen resident files were reviewed and 10 employee files were reviewed. Two additional resident files were reviewed for medication issues. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified: Y 070 449.196(1)(f) Qualifications of Caregiver-8 hours Y 070 SS=E training NAC 449.196

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This Regulation is not met as evidenced by: Based on record review on 5/12/09, the facility failed to ensure that 3 of 10 caregivers received

1. A caregiver of a residential

(f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a

facility must:

residential facility.

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NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
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Y 070	Continued From page 1			Y 070			
	eight hours of annual and #6).	training (Employee #4,	#5				
	Severity: 2 Scope: 2	2					
Y 103 SS=F	449.200(1)(d) Person	nel File - NAC 441A		Y 103			
	a separate personnel member of the staff of	e provided in subsection file must be kept for ear far facility and must incured steep required pursuant for the employee.	nch lude:				
	Based on record reviet failed to ensure that 5	ot met as evidenced by: ew on 5/12/09, the facil of 10 employees complegarding tuberculosis to , #4 and #7).	ity olied				
	Severity: 2 Scope: 3	3					
Y 105 SS=E	449.200(1)(f) Personn	nel File - Background C	heck	Y 105			
	a separate personnel member of the staff o	e provided in subsection file must be kept for ea of a facility and must inc iance with NRS 449.17	nch lude:				
		ot met as evidenced by: ew on 5/12/09, the facil					

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Y 105	Continued From page	2		Y 105				
	failed to ensure 3 of 10 caregivers met background check requirements (Employee #2, #5 and #6).							
	Severity: 2 Scope: 2	2						
Y 106 SS=F	449.200(2)(a) Person	nel File - 1st aid & CPF	3	Y 106				
	NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.							
	This Regulation is not met as evidenced by: Based on record review on 5/12/09, the facility failed to ensure that 6 of 10 caregivers were trained in first aid (Employee #2, #4, #5, #8, #9 and #10). Severity: 2 Scope: 3		ity					
Y 172 SS=C	449.209(2) Health an garbage	d Sanitation-Outside		Y 172				
	the facility must be ke must be covered in so are unable to get inside once each week, the	store garbage outside ept reasonably clean an uch a manner that rode de the containers. At le containers must be em ne containers must be	nts east					

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Y 172	Continued From page	e 3		Y 172				
	removed from the pre	emises of the facility.						
Y 174 SS=D	This Regulation is not Based on observation the facility failed to en 2 of 2 outside comme were used by staff to Severity: 1 Scope: 449.209(4)(a) Health odors NAC 449.209 4. To the extent pract	ot met as evidenced by: an and interview on 5/12, asure the lids attached to cricial garbage container cover the containers. 3 and Sanitatio-Offensive	vo9, to the rs	Y 174				
Y 255 SS=D	facility must be kept free from: (a) Offensive odors. This Regulation is not met as evidenced by: Based on observation and interview on 5/12/09, the facility failed to ensure the facility was free from offensive odors. There was a strong sewer odor noted on entry to the facility and in the northeast to east first level hallways. Severity: 2 Scope: 1 449.217(6)(a)(b) Permits - Comply with NAC 446 NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau		/09, ee ewer 	Y 255				

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Y 255	Continued From page	e 4		Y 255				
Y 356	This Regulation is not Based on observation the kitchen cutting bo mixer, dry food storage cabinet and cooks line Severity: 2 Scope:		: nsure er	Y 356				
SS=D	must open with a sing without the use of a k open a lock from outs must be readily availa This Regulation is no Based on observation the public bathroom let	ot met as evidenced by: n and interview on 5/12, ocated across from roc ock installed at the top i	de to key					
Y 693 SS=E	449.2712(2) Oxygen- ability	Caregiver monitor resid	dent	Y 693				

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS3091AGC 05/12/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2205 EAST HARMON AVE. THE BRIDGE AT PARADISE VALLEY ASSTD LIVING LAS VEGAS, NV 89119 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 693 Continued From page 5 Y 693 NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.

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Y 693	Continued From page	e 6		Y 693				
	This Regulation is not met as evidenced by: Based on observation on 5/12/09, the facility failed to secure oxygen tanks in a rack or to the wall in all resident rooms and other rooms where oxygen tanks were stored. Severity: 2 Scope: 2							
Y 876 SS=E				Y 876				
	NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.							
	This Regulation is not met as evidenced by: Based on interview and record review on 5/12/09, 7 of 17 residents admitted by the facility required daily assessment of heart rate and/or blood pressure prior to administration of medications (Resident #7, #8, #10, #12, #14, #17); the facility failed to ensure that an ultimate user agreement was obtained for 2 of 17 residents.		12/09, uired ns acility					
	Severity: 2 Scope: 2	2						
Y 878 SS=E	449.2742(6)(a)(1) Me	edication / Change orde	er	Y 878				
	NAC 449.2742 6. Except as otherwis	se provided in this						

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

This Regulation is not met as evidenced by: Based on record review and interview on 5/12/09, the facility failed to ensure 3 of 17 resident physician's were notified when the resident was not given a medication due to low blood pressure

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Y 883	Continued From page 8			Y 883				
	or heart rate. (Reside	nt #12, #17, and #18)						
	Severity: 2 Scope:	1						
Y 897 SS=D	449.2744(1)(b)(3) Me	dication / MAR		Y 897				
	NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (3) The date and time that a resident refuses, or otherwise misses, an administration of medication.							
Y 920 SS=D	Based on record reviet the facility failed to do administration record		2/09, tion 17	Y 920				
	NAC 449.2748 1. Medication, includir over-the-counter med stored at a residential facility must be stored area that is cool and caregivers employed	l d in a locked dry. The	ny					

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

NAC 449.2748

administered.

supplement, must be:

3. Medication, including, without limitation, any over-the-counter medication or dietary

(b) Kept in its original container until it is

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residents.

Severity: 2 Scope: 3

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